## CITY OF GUNNISON APPLICATION FOR EMPLOYMENT

## **An Equal Opportunity Employer**

We do not discriminate on the basis of race, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

if you do not have enough room of	on this application. PLEAS	E PRINT, except	for signature on back	answered all questions. Use blank paper of application. In reading and answering or discrimination based upon non-job-	
Job applied for:				Today's Date:	
Are you seeking: Full-time  l	Part-time Temporary [	employment?	When could you sta	rt work?	
Last	First	M	iddle	Telephone/cell number	
Present Street Addre	SS	City	State	Zip Code	
Are you 18 years of age or older? (If you are hired, you may be required to		Io 🗌			
If hired, can you furnish proof yo	u are eligible to work in the	U.S.?	Yes No No		
Have you ever applied here before	e? Yes 🗌 No 🗍	If yes, when?			
Were you ever employed here?	Yes 🗌 No 🔲	If yes, when?			
Have you ever been convicted of Include any plea of "guilty" or "n		traffic violations)	Yes 🗌	No 🗌	
If yes, give details(A conviction will not necessar	rily disqualify an applicant for em	ployment)			
If employed, do you expect to be engaged in any additional business or employment outside of our job? Yes No					
If yes, give details					
FOR DRIVING JOBS: Do you have a valid driver's license?  Driver's License Number				State Licensed	
Have you had your driver's license suspended or revoked in the last 3 years? Yes No					
If yes, give details:					
List professional, trade, business religion, national origin, sex, age,			bor organizations and	memberships which reveal race, color,	
SPECIAL SKILLS AND QUAI which will be a special benefit in	LIFICATIONS: Please lis	t any special job re pplying.	ated skills, training, c	qualifications and/or abilities you have	
SCHOOL NAME AND LOCATE	ΓΙΟΝ	Years Completed	Degree/Diploi	na Subjects Studied	
College or University:					
Vocational or Technical:					

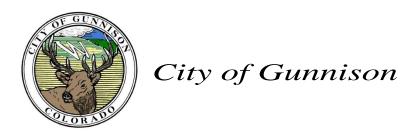
List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. JOB TITLE AND DUTIES NAME OF EMPLOYER ADDRESS DATES OF EMPLOYMENT (MO/YR): CITY, STATE, ZIP CODE START: FINAL: REASON FOR LEAVING SUPERVISOR CONTACT NUMBER MAY WE CONTACT YOUR EMPLOYER? NAME OF EMPLOYER JOB TITLE AND DUTIES ADDRESS DATES OF EMPLOYMENT (MO/YR) CITY, STATE, ZIP CODE PAY START: FINAL: SUPERVISOR REASON FOR LEAVING CONTACT NUMBER MAY WE CONTACT YOUR EMPLOYER? NAME OF EMPLOYER JOB TITLE AND DUTIES ADDRESS DATES OF EMPLOYMENT (MO/YR) CITY, STATE, ZIP CODE PAY FINAL: START: SUPERVISOR REASON FOR LEAVING CONTACT NUMBER MAY WE CONTACT YOUR EMPLOYER? **REFERENCES:** Give three references, no relatives or former employers. **Contact information** Relationship Name Have you worked, or attended school under any other names? Yes  $\square$ No  $\square$ If yes, give names: Are you presently employed: Yes  $\square$ No  $\square$ If yes, whom do you suggest we contact? TIMES AVAILABLE TO WORK Time of Day TUE WED **THURS** FRI **SUN** MON SAT Morning Afternoon Evening PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING I certify that all information provided in the employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE CITY MANAGER HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE CITY MANAGER AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE. I have read, understand, and by my signature consent to these statement.

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I have read, understand, and by my signature consent to these statement.

Signature:

Date:

This application for employment will remain active for a limited time. Ask Human Resources for details.



## Gunnison Community Center Parks and Recreation Department 200E Spencer Ave. Gunnison, CO 81230 970-641-8060 ● 970-641-8011 fax

As an applicant for the positi	ion of
I,(Print Name)	am required to furnish information for use in determining my
moral, physical and mental qualifica	tions. In this connection, I authorize release of any and all
information that the Colorado Burea	u of Investigation may have concerning me, including information of
a confidential or privileged nature to	)
(Company name and address)	<del>-</del>
I hereby release The City of	Gunnison and the Colorado Bureau of Investigation and its
employees from any liability or dama	age which may result from furnishing the information requested.
Date of birth	Social Security #
Address	
Signature	Date
Notary Public	(Seal)
My commission expires	